

Crown Care X Limited

Astley Hall

Inspection report

Farnborough Drive
Daventry
NN11 8AL

Tel: 01327227940
Website: www.crowncaregroup.co.uk

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21 September 2022

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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Astley Hall is a residential and nursing home providing personal and nursing care to up to 83 people. At the time of our inspection there were 55 people using the service.

People's experience of using this service and what we found

People told us they felt safe and staff knew how to keep people safe and protect them from harm. People had individual risk's assessed with strategies in place to mitigate these risks.

Improvements had been made with the oversight of the service. Quality assurance systems need to be sustained and embedded to ensure they are consistent and reliable in identifying the shortfalls we found in record keeping.

People could be assured they received their medicines safely by trained and competent staff. Staff were recruited safely and there were enough staff to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported and spoke positively about the registered manager.

People, relatives and staff had the opportunity to provide feedback on the care provided and people spoke positively of the care they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 09 April 2021); there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about the management of medicines and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Astley Hall on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Good ●

Is the service well-led?

The service was not always well Led

Requires Improvement ●

Astley Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person with professional expertise in care and/or nursing.

Service and service type

Astley Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Astley Hall is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

We visited the service on 20th and 21st September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to seven people and three relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, nurses, team leaders, senior care staff and care support staff.

We reviewed a range of records. This included the records of 10 people's care including skin pressure care and food and fluid support. We looked at recruitment of staff, maintenance records and medication administration. A variety of records relating to the management of the service including auditing and monitoring were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure that all strategies to mitigate risks had been completed and that the safe and proper management of medicines was in place. This was a breach of Regulation 12(2)(b)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and plans were in place to mitigate the risk. For example, people at risk of malnourishment/dehydration had care plans in place which detailed the amount of fluid they needed each day, the texture of the food they required and supplements they needed. Senior staff monitored them daily and action was taken when required.
- People who were at risk of pressure sores required support from staff to reposition at regular timed intervals to reduce the risk of developing pressure sores, however, staff did not always record repositioning had taken place at the required times. We have reported on this further under the well led section of this report.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- People's environment was kept safe, a responsible person carried out regular fire safety and water temperature checks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Staff received training in the administration of medicines and their competencies were assessed before they could administer any medicines.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them. Any unexplained injuries to people were documented and investigated and appropriate action was taken.
- People told us they felt safe and would confidently raise any concerns with staff.

Staffing and recruitment

- The provider used a dependency tool to identify the level of staff required to support people's individual needs. Some staff felt there was not always enough staff on shift but told us they could ask for more if needed. The home used regular agency care workers and nurses. During the inspection there was sufficient staff available to meet people's needs.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We identified gaps in recording of cleaning tasks. This meant that we could not be assured the provider was promoting safety through the layout and hygiene practices of the premises. Staff shortages meant some cleaning tasks were not completed. The provider was in the process of employing more domestic staff. During the inspection the home appeared clean and people told us they were satisfied with the cleanliness. We have reported on this further in the well led section of this report.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time and offered appropriate PPE.

Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken and were reviewed to identify trends or patterns to ensure lessons were learnt.
- Daily meetings took place with all senior staff and heads of departments. Accidents and incidents were a point of discussion including what action had been taken.

- The registered manager had implemented an electronic medication administration recording system as an alternative to paper-based records after identifying a number of medicine errors had occurred.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, systems and processes were not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17; however, systems and processes require embedding to evidence sustained good practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality assurance systems were in place to monitor people's care and support with identified actions for improvement. This required further development and embedding. Records evidenced that staff did not always follow the measures in place to mitigate risks to people.
- Quality assurance systems had identified the gaps found during the inspection in the recording of people's repositioning. The registered manager was in the process of taking action to address the shortfalls found in records. During the inspection, the registered manager sourced more electronic recording equipment from the provider for more staff to be able to record care tasks at the time of delivery.
- People were at risk of not receiving timely care, when required, as there was no system to check whether staff had recorded hourly safety checks for people who could not use their call bell for assistance. Staff confirmed with the inspection team that these had not been recorded. During the inspection, the registered manager implemented a system to ensure that staff checked people at risk hourly and that this was recorded.
- Quality auditing of infection control practices was in place and had identified gaps in cleaning records. At the time of the inspection, the registered manager had taken action to address these issues and was in the process of recruiting a new head housekeeper.
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and had displayed the previous CQC rating as required.
- There was a positive culture within the home and staff told us they felt supported in their roles. One staff member told us "I have learnt so much from the registered manager. She's friendly, supportive and approachable. I've never worked anywhere before to be able to progress. She gives you the opportunity and encourages you."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- The registered manager had been open and honest when things went wrong, they informed families and external agencies where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had begun to formally seek feedback from people's relatives. A relatives meeting was due to take place the day following the inspection.
- Resident's meetings took place and resident's surveys had been completed. The registered manager was in the process of collating the feedback and identifying any areas of improvement.
- Staff were able to share their views on the service through regular team meetings or one to one supervision meetings.

Working in partnership with others; Continuous learning and improving care

- Staff made referrals to external healthcare professionals when required. For example, where people had been identified as losing weight, referrals were sent to the dietician and recommendations were followed.
- The registered manager was in the process of further developing the home's relationship with the local GP practice to improve outcomes for people.
- The registered manager had identified a need in improving the monitoring of people at risk of falls and had recently implemented a room sensor system that monitors people's normal room movement/activity to alert staff when there may be an increased risk. This was being trialled at the time of the inspection.